



NEW JERSEY STATE ASSOCIATION OF CHIEFS OF POLICE

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COURSE PROJECT

There will be an emphasis on choosing a project that serves to benefit the community the agency

serves.



[Redacted]

[Redacted]

[Redacted]

[Redacted] : registrations@njsacop.org

Please duplicate this form for each registrant.
Registrations must be paid in advance by check, credit card, or purchase order.
You will receive an e-mail confirmation prior to the course.
Cancellations must be received 5 business days prior to the course in order to be issued a refund.
You will receive instructions on how to attend one week prior to the program via email.

EMAIL THIS FORM TO:
registrations@njsacop.org

Name

Title/Rank/Position

Agency/Department

Address

City/State/Zip

Telephone **Fax**

E-mail Address

FEE: \$600

METHOD OF PAYMENT: CHECK ENCLOSED PURCHASE ORDER

CREDIT CARD: VISA MC AMEX

Credit Card Number _____

Exp. Date _____ CVV Code: _____

Billing Address _____

Signature _____ Date _____